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AO REQUEST NUMBER: _____ DATE RECEIVED: _____

EBAO-2013
1 Page Form



SUFFOLK COUNTY BOARD OF ETHICS

335 Yaphank Avenue, Yaphank, New York 11980 • Office 631.852.4038 • Fax 631.852.4041

Advisory Opinion Request Form

Requestor's Information

Your Name: _____

Department/Agency/Committee: _____

Phone Number: _____

Fax Number: _____

Mailing Address: _____

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(STAMP RECEIVED)

Detailed Description of Request (attach additional pages if necessary): _____

Have you previously received an advisory opinion on this matter? : ☐ Yes ☐ No

Dated: _____

Requestor's Signature: _____

Printed Name: _____